

Four cases of lung-tuberculosis were also treated by intra-venous injections. Two recovered after cure of bone disease; two others improved for a time; one could not be treated sufficiently long. One case of tuberculosis of the bladder was much improved after a mixed treatment.—*Münchener Medicin. Wochenschrift*, 1888, No. 40 and 41.

W. W. VAN ARSDALE (New York).

**VI. Experimental Contributions upon the Etiology of Traumatic Tetanus.** By Dr. v. EISELBERG. The question of the occurrence of typical tetanus after injury in individuals heretofore healthy, is carefully considered. The opinion is held that infection by means of field and cellar earth, wood splinters, etc., is the direct cause of the disease. This is further strengthened by experiments upon animals in whom the disease was produced by inoculation from these materials, and, moreover, the existence of the specific bacillus could be demonstrated at the point of inoculation. Wound secretions and portions of skin from the wound edges of those persons affected with the disease, were found to be frequently tetanogenetic to animals; a like result was produced by inoculation of mixed cultures. Attempts to make purer cultivations from these materials failed. The existence of idiopathic or spontaneous tetanus is doubted, the author believing that the point of entrance of the specific poison into the body may be so small as to escape notice. This view has been held by Verneuil for some time. The etiological conditions of tetanus are, therefore, in this respect, analogous to those of erysipelas.—*Wiener klinische Wochenschrift*, 1888, Nos. 10 and 13.

GEO R. FOWLER (Brooklyn).

**VII. A Case of Akromegalia.** By Dr. A. BIER (Kiel). Of interest in view of the American case recently shown by Dr. Adler, of New York. Bier numbers his as the third case so far described since Maril's, in 1886. One of these, as yet unpublished, was shown by Curschmann before the Schleswig-Holstein Medical Union. The general characteristics of the disease are :

1. It begins in middle life and runs a very slow course.
2. The most prominent symptom is a remarkable enlargement of

peripheral portions of the body, especially the hands, feet and face.

3. Curvature of the spine, particularly the cervical, long oval form of the face, disorders of the sensory organs (weak vision to complete blindness, poor hearing).

4. Severe neuralgias.

5. Muscular weakness and some cachexia.

6. Polydipsia and polyuria.

7. Tendency to the formation of varices and hæmorrhoids.

The enlargement of distal parts is the essential feature, as the other symptoms may in part be absent.

B.'s patient was a man of 31 years. A full description with two full-page illustrations is given. General sensation and vision only were disturbed; speech unaffected; intelligence good; no hæmorrhoids; no polydipsia nor polyuria; old rhachitis; atrophy of thyroid gland. His trouble seems to have begun in his 20th year (1876) with neuralgia of the head, though the first swelling (left thumb) appeared in 1879, since which time gradually other parts have become involved.—*Mitthl. a. d. chirg. Klinik zu Kiel*, IV, 1888.

WILLIAM BROWNING (Brooklyn).

## CUTANEOUS AND MUSCULAR.

**I. On the Treatment of Abnormal Formations of the Epidermis.** By DR. ROESEN (Munich). The author has successfully adopted in von Nussbaum's clinic, the following in the treatment of corns, warts and callosities: The part to be removed is first somewhat moistened with an antiseptic solution, and then covered with a thick layer of pure crystals of salicylic acid, covered with a four-fold layer of moist boric lint, and this in turn is covered with rubber tissue. In from 5 to 10 days the dressings are removed, when the abnormal tissue constituting the corn or callosity is found to be shrunken, and lifted from its base, while the healthy skin beneath remains quite free from the action of the acid.—*Munchen. med. Wochenschrift*, 1888, No. 9.

G. R. FOWLER (Brooklyn).